

INDIANA DEPARTMENT OF HOMELAND SECURITY CODE SERVICES SECTION

302 West Washington Street, Room W246 Indianapolis, IN 46204-2739 http://www.in.gov/dhs/fire/fp_bs_comm_code/



INSTRUCTIONS: Please refer to the attached four (4) page instructions. Variance number (Assigned by department) Attach additional pages as needed to complete this application. 1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner) Name of applicant Title Eric Schneider General Manager Name of organization Telephone number Sycamore Hills Golf Club (260) 625-4324 Address (number and street, city, state, and ZIP code) 11836 Covington Road, Ft. Wayne, IN 46814 2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant) Name of applicant Christina M. Collester Principal Name of organization Telephone number RTM Consultants, Inc. (317) 329-7700 Address (number and street, city, state, and ZIP code) 6640 Parkdale Place, Suite J, Indianapolis, IN 46254 3. DESIGN PROFESSIONAL OF RECORD (If applicable) Name of design professional License number Cory D. Miller AR10100148 Name of organization Telephone number SchenkelShultz (260) 424-9080 Address (number and street, city, state, and ZIP code) 111 E Wayne St, Ste 555, Ft, Wayne, IN 46802 4. PROJECT IDENTIFICATION Name of project State project number County Sycamore Hills Golf Club 374244 Allen Address of site (number and street, city, state, and ZIP code) 1836 Covington Road, Ft. Wayne, IN 468146 Type of project ☐ New □ Addition ☐ Change of occupancy ☐ Alteration ☐ Existing 5. REQUIRED ADDITIONAL INFORMATION The following required information has been included with this application (check as applicable): A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions) One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives. Written documentation showing that the local fire official has received a copy of the variance application. Written documentation showing that the local building official has received a copy of the variance application. 6. VIOLATION INFORMATION Has the Plan Review Section of the Division of Fire and Building Safety issued a Correction Order? Yes (If yes, attach a copy of the Correction Order.) Has a violation been issued? Yes (If yes, attach a copy of the Violation and answer the following.) ☑ No Violation issued by: Local Building Department ☐ State Fire and Building Code Enforcement Section Local Fire Department

7. DESCRIPTION OF REQUESTED VARIANCE		
Name of code or standard and edition involved	Specific code section	
2008 Indiana Building Code General Administrative Rules	903.2.1	
	12-4-12 (c)	
Nature of non-compliance (Include a description of spaces, equipment, etc. An addition is being added to the existing Golf Club House. story club addition, both with full basements. The building is golf cart storage, dining rooms, offices, locker rooms and presquare feet. The existing building is 33,537 square feet with patio. Compliance with the 2008 Building code requires fire system throughout the new and existing building. The first apavillion will not be sprinklered as part of this project.	The exdisting building is comprised of an a constructed of and classified as is type V-coshop. The building is nonseparated uses in a 8,337sf addition planned adding area to area and allowable area requires installation second stoy of the histoic original building	B construction and is used for and the fire area exceeds 5,000 the dining rooms and covered on of an automatic sprinkler
Select one of the following statements:		
Non-compliance with the rule will not be adverse to the public health, safety or welfare; or		
Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (be specific).		
Facts demonstrating that the above selected statement is true: The new addition will be fully sprinklered and the existing basement is currently sprinkleredThe existing historical structure presents challenges as shown on the attached drawing. The sprinkler system will be extended back into the the existing first floor area, dining areas, locker rooms, kitchen, and pro shop will be sprinklered.		
Closely spaced sprinklers will be provided, six foot on center and within two feet of the wall connecting the sprinklered area to the nonsprinklered building.		
9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE		
Select at least one of the following statements:		
Imposition of the rule would result in an undue hardship (unusual difficulty) because of physical limitations of the construction site or its utility services.		
Imposition of the rule would result in an undue hardship (unusual difficulty) because of major operational problems in the use of the building or structure.		
Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements.		
Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.		
Facts demonstrating that the above selected statement is true: The existing building is historical in nature and fund to renovate this are are not available to complete the sprinkler system in these areas in this project. This project provided benefit to the owners by adding needed area to the dining spaces wihle increasing life safety by extending sprinklers into the highly occupaied areas of the building.		
10. STATEMENT OF ACCURACY		
I hereby certify under penalty of perjury that the information contained in this application is accurate.		
Signature of applicant or person submitting application	Please print name	Date of signature (month, day, year)
	Christina M. Collester	
Signature of design professional (if applicable)	Please print name	Date of signature (month, day, year)
	Cory D Miller	
11. STATEMENT OF AWARENESS (If the application is submit	ted on the applicant's behalf, the applicant m	ust sign the following statement.)
I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.		
Signature of applicant	Please print name	Date of signature (month, day, year)
	Eric Schneider	











